DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 04/26/2006

Provider Inspection Summary

For the period 04/01/2003 to 03/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: REDWOOD HOUSE (0010930)

Address: 1157-59 REDWOOD DRIVE, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 03/31/2005

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095510 End Date: 08/04/2005 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094657 End Date: 03/31/2005 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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